	PATENT	APPLICATION Effection)RD	10/61943Z									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SKALL TYPE	EKNIY	. 05		R THAN ENTITY	
TOTAL CLAIMS								RATE	FEE	٦	RATE	FEE	_
FOR-			NUMBER FILED		NUMBER EXTRA			BASIC FE	₹ 395.00	OR	BASIC FE		1
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 25:		OR	X50 I=-		
IN	DEPENDENT (CLAIMS	minus 3 =					X 100=	1	OR	1400		1
MIL	JLTIPLE DEPE	NDENT CLAIM F	RESENT					+150=			-	 	
* 11	the difference	e in column 1 is	less than	zero, enter	*0" in	column 2		TOTAL		OR	<u> </u>	ļ	4
CLAIMS AS AMENDED - PART II								CIAL	· L	JOR		L	4
		(Column 1)	(Column 2) (Column 3)					SMALL	ENTITY	OR		ENTITY	
NTA	1/1/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	-
AMENDMENT	Total	-21	Minus	-20)	= .		X5=		OR	X\$50=	5000	1
AME	Independent	1.3	Minus	1-3		=	X140:			OR	X200=		Ţ
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=		OR	4300=		7
•							L	TOTAL	•		TOTAL	500	1
		(Column 1)		(Colum	en 21	(Celumn 3)	A	OOIT, FEE	L	70,,	ADDIT. FEE	متر مال	V
AMENDMENT B		CLAIMS REMAINING AFTER ALKENDMENT		HIGHE NUME PAEVIOI PAID F	IST ER USLY	PRESENT EXTRA		RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	The second section of
	Total	1	Minus	44		=	Γ	X.15 =		OR	XS.Q.=		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Independent	*	Minus	***		=	į.	X 100=		OR	X200=		-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										126		-
	,			•		16,00	L	+150=		OR	+300= TOTAL		-
							ΑĽ	DOTT, FEE	<u> </u>	OR,	VOOIT. FEEE	·	}
7		(Column 1) CLAIMS		(Column		(Column 3)	- -			, ,		·	
MEN.		REMAINING AFTER · AMENDMENT		NUMBI PREVIOL PAID FO	er Usly	PREȘENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	*	Minus	##		=		X25'=		OR	X\$50=		
	Independent		Minus	***		=		×100 =		OR	X200:	•	1
		NTATION OF MU	•	•		•		150=		OR	+300=	•	
* If the entry in column 1 is less than the entry in column 2, write "o" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.* ADDIT. FEE OR ADDIT. FEE												· · ·	
	the "Highest Nur	fiber Previously Paid ber Previously Paid	LI FOC IN TH	IS SPACE IS I	ess that	3 enter**		-		^	-	. 10	

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Application or Docket Number